



# St. Botolph's Administering Medicines Policy

## 2024 - 2025

<b>Reviewed annually by:</b> <b>September 2024 (review September 2025)</b>	
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## **Introduction**

Most children at some time have a medical condition, which could affect their participation in school activities. This may be a short-term situation or a long-term medical condition which, if not properly managed, could limit their access to education. The Governors and staff of St Botolph's CE Academy wish to ensure that children with medical needs receive care and support in our school. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school or other activities.

## **Roles and Responsibility**

### **The role of the Executive Head, Head of School and Governing Board**

The ultimate responsibility for the management of this policy lies with the Headteacher and Governing Body.

### **The role of the SENCO**

The SENCO will manage the policy on a day-to-day basis and ensure all procedures and protocols are maintained. The SENCO will work with the administration team to ensure accurate and up to date records are kept for children with medical needs.

### **The role of Staff - 'Duty of Care'**

Anyone caring for children, including teachers and support staff have a common law duty of care to act like any reasonably prudent parent/carer. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency.

All staff (teaching and non-teaching) who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided and reading individual health plans devised for individual children.

### **The role of Parent/Carers**

Parents/carers have prime responsibility for their child's health and should provide school with up-to-date information about their child's medical conditions, treatment and/or any special care needed.

If their child has a more complex medical condition, they should work with the

School and health professionals to develop an individual healthcare plan which will include an agreement on the role of the school in managing any medical needs and potential emergencies.

It is the parent/carers responsibility to make sure that their child is well enough to attend school.

## **Identification**

Upon entry to school, parent/carers will be asked to complete admission forms requesting medical information. Throughout the year we request through our newsletter that parents keep us up to date with any changes in medical information.

## **Health Care Plans (HCP)**

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The HCP clarifies for staff, parents/carers and the child the help the school can provide and receive. These plans will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school, or as required.

An HCP will include:

- details of the child's condition
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency

- the role the staff can play
- special requirements e.g. dietary needs, pre-activity
- precautions
- any side effects of medicines

A copy will be given to parents/carers, class teachers and a copy will be retained in the child's individual file. In addition to this the IHCP will also be displayed in the school office. The general medical information sheet given to all staff will indicate that the child has an IHCP.

## **First Aid**

Members of our school staff are trained 'first-aiders' and in the event of illness or accident will provide appropriate first aid. In the event of a more serious accident, we will contact the parent/carer as soon as possible. If hospital treatment is required and a parent/carer is not available, 2 members of staff will take the child to hospital and stay with the child until the parent/carer arrives. If the child is required to travel in an ambulance a member of staff will accompany the child in the ambulance if their parent/carer is unavailable. We will inform parent/carers, using a standard proforma, if their child has had an accident and received first aid attention. Details of accidents/incidents are recorded in the Accident Book together with any treatment provided.

## **Physical Activity**

We recognise that most children with medical needs can participate in physical activities and extra curricular sport. Any restrictions in a child's ability to participate in PE or specific physical activities should be recorded in their IHCP. All staff should be aware of issues of privacy and dignity for children with particular needs.

## **School Visits**

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits. Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned as part of the risk assessment and visit planning process. A copy of IHCP should be taken on trips and visits in the event of information being needed in an emergency.

## **Administration of Medicines**

The Headteacher will accept responsibility for members of school staff giving or supervising children taking prescribed medication during the school day, where those members of staff have volunteered to do so and have agreed to adhere to this policy.

Prescribed medication provided in its original pharmacy labelled container can only be administered to children if prescribed to be taken 4 times a day (once in school), where parents/carers provide such medication to the school and parents/carers must specifically request in person that the school administers it.

Medication will not be accepted without a completed Administration of Medicines Consent Form with clear instructions as to administration.

The Headteacher will consider in each case the nature of the medication to be administered, any potential risks and all other relevant information before deciding whether in any particular case medicine can be administered in school. Where there is concern about whether the school can meet a child's needs the Headteacher should seek advice from the school nurse or doctor, the child's GP or other medical adviser.

If more than one prescribed medication is to be taken, parents/carers must certify by signing the administration of medicine form that the medication has been administered to the child without any adverse effect and that approval for the combined administration has been obtained from a medical practitioner.

Each item of prescribed medication must be delivered in its original, pharmacy labelled container and handed directly to office staff or the class teacher. The school will not accept medication which is in unlabelled containers.

Each item of prescribed medication must have the pharmacy label still attached with the following information:

- Child's name
- Child's date of birth
- Name of Medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements (if necessary)
- Expiry date

Where appropriate, children will be encouraged to self-administer their own medication under staff supervision. The Headteacher must approve pupils/children carrying and administering their own medicine. In deciding whether to permit this the Headteacher will take into account the nature of the medication, the age of the child and the safety of other children.

Unless otherwise indicated on the storage instructions, all medication to be administered will be kept in the school office.

The school member of staff administering the medication must record details of each occasion when medicine is administered to a child and parents must sign when the medicine is returned at the end of the day.

If children refuse to take medication, the staff should not force them to do so. The school should inform the child's parent/carer as a matter of urgency.

Parent/carers will be advised that it is their responsibility to notify the school of any changes to a child's medication. Parents/carers should also inform the school of any other circumstances that may affect the administration of medication or of the child's reaction to the **medication**.

## **Anaphylaxis, Asthma, Diabetes, Eczema and Epilepsy**

The school recognises that these are common conditions affecting many children and young people, and welcomes all children with these conditions.

The school believes that every child has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips. The school ensures that all staff in the school have a good understanding of these conditions, through relevant training and do not discriminate against any child who is affected.

### **Anaphylaxis**

Anaphylaxis can be triggered by foods (nuts, shellfish, dairy products) or non-foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and genitourinary system. In the event of an attack, it is important to administer an Epipen as soon as possible and then call 999 for an ambulance.

### **How will staff know which children might need an Epipen?**

Photographs of all children needing an Epipen can be found on staff room and office notice boards. Children's Individual Health Care Plans are kept in classrooms and class registers, copies are also stored centrally in the office and in individual children's files.

### **How will staff know when and how to administer an Epipen?**

There will be training sessions for all staff.

### **Where are Epipens stored?**

Epipens are stored in the classroom and in the First Aid Area in school. Each Epipen is labelled with the child's name and date of expiry of Epipens.

## **Asthma**

### **Asthma medicines**

Reliever inhalers (blue) are kept in the school office. Parents/carers are asked to ensure that all reliever inhalers are labelled with a chemist dispensing label containing the child's name. It is the parent/carers responsibility to ensure that the inhalers are in date and replaced regularly. Asthma medicines will only be administered to children once an administration of medicines consent form has been completed. Children are encouraged, wherever possible, to administer their own inhaler with adult supervision.

### **PE, games & activities, including pre-school and after school clubs**

Taking part in sports, games, activities and clubs is an essential part of school life for all pupils. Staff are aware of which children have asthma from the school's medical register. Children with asthma are encouraged to participate fully in all PE lessons. Staff will remind children whose asthma is triggered by exercise, to take their reliever inhaler before the lesson and to thoroughly warm up and down before and after the lesson. Staff follow the same principles as described above for games, activities and clubs involving physical activity. Staff need to be aware of the potential triggers for children with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

### **The school environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a no-smoking policy.

### **Asthma attacks**

#### **IN THE EVENT OF A CHILD HAVING AN ASTHMA ATTACK**

If at all possible, take the child to the First Aid Area

Stay calm and reassure the child

Encourage the child to breath slowly

Ensure that any tight clothing is loosened

Help the child to take their spacer device/ reliever (blue) inhaler

Usually, 2-4 puffs are enough to bring the symptoms of a mild attack under control. This medication is very safe; do not be afraid to give more if it is needed

Inform and seek assistance from First Aider on site

#### **ALWAYS CALL FOR AN AMBULANCE IF ANY OF THE FOLLOWING OCCUR**

There is no significant improvement in 5 – 10 minutes

The child is distressed and gasping or struggling to breath

The child has difficulty in speaking more than a few words at a time

The child is pale, sweaty and may be blue around the lips

The child is showing signs of fatigue or exhaustion

The child is exhibiting a reduced level of consciousness

#### **WHILST THE AMBULANCE IS ON ITS WAY**

The child should continue to take puffs of their Reliever (blue) inhaler until the symptoms improve

If the child has a spacer device and reliever (blue) inhaler available give up to ten puffs, one puff every minute (shaking the inhaler between each puff)

If the child's condition is not improving and the ambulance has not arrived, repeat the process in the previous bullet point

Contact the parents/carers, once the emergency situation is under control and the ambulance has been called

## Diabetes

We recognise that Diabetes should not be taken lightly because it is a very serious condition, and could result in a Hypoglycaemia attack (Hypo) where blood sugar level become too low, or a Hyperglycaemia attack (Hyper) where blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and are able to take immediate action if they should need to. All children with Diabetes in school have their own IHCP. Each child with diabetes has an emergency box labelled with their name containing any relevant equipment required to control a hypo or hyper attack.

Staff are trained by the school nurse to administer the medication and refresh awareness of the condition.

## Eczema

We are aware that active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school staff to help them deal with this condition and that they may need help to apply emollients.

## Epilepsy Seizures

### IN THE EVENT OF A CHILD HAVING AN EPILEPTIC SEIZURE

#### Stay calm

#### TONIC-CLONIC SEIZURES (formerly known as Grand Mal)

The pupil will go stiff, lose consciousness and then fall to the ground. This is followed by jerking movements. A blue tinge around the mouth is likely, (this is due to irregular breathing). Loss of bladder and/or bowel control may happen. After a minute or two the jerking movements should stop and consciousness may slowly return.

#### Do:

- Protect the person from injury - (remove harmful objects from nearby)
- Cushion their head, you can use a rolled-up cardigan or jumper.
- Aid breathing by gently placing them in the recovery position once the seizure has finished (see pictures)
- Stay with the person until recovery is complete
- Be calmly reassuring



**Do not:**

- Restrain the person's movements
- Put **ANYTHING** in the person's mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round.

Call for an ambulance if...

- You know it is the person's first seizure, or
- The seizure continues for more than 5 minutes, or
- One tonic-clonic seizure follows another without the person regaining consciousness between seizures, or
- The person is injured during the seizure, or
- You believe the person needs urgent medical attention

**ABSENCE SEIZURES AND FOCAL SEIZURES (are non-convulsive seizures).**

A pupil having an **absence** seizure is unconscious for a few seconds. They will stop doing whatever they were doing before it started, but will not fall. They might blink, have slight jerking movements of their body or limbs. They don't know what is happening around them and they can't be brought out of it. Absence seizures can be very hard to spot, and the pupil might appear to be daydreaming or 'switching off'.

**Do:**

- Gently guide the pupil away from any dangers (especially if they are having repeated absences)
- Stay with the pupil until recovery is complete
- Be calmly reassuring
- Explain anything they might have missed

**Do not:**

- Restrain the pupil's movements
- Make any abrupt movements
- Shout at the pupil
- Try to bring them round
- Assume they are aware of what happened
- Give them anything to eat or drink until they have fully recovered

**FOCAL SEIZURES** can cause lots of different symptoms which could include a total loss of awareness or, a partial loss awareness, or remain fully aware and be able to explain what is happening. Each pupil will have their own individual experiences and symptoms. Focal seizures can be frightening and disorientating for the person, so try not to 'crowd' them and if they are behaving in an aggressive way or lashing out, it is advisable to remain quiet and keep your distance from them.

**Do:**

- Stay with the pupil until recovery is complete
- Only intervene if you need to guide them away from danger
- Be calm and reassuring
- Explain anything that they might have missed

**Do not:**

- Restrain the pupil's movements
- Make any abrupt movements
- Shout at the pupil
- Try to bring them round
- Assume that they are aware of what is happening
- Give them anything to eat or drink until they are fully recovered.

- Keep them safe until fully recovered as wandering, confusion or aggression can be features of this type of seizure.

Some children can have specific **triggers** that can precipitate a seizure, if known, please record in care plan.

## **Head Lice**

Any case of head lice should be reported to the school. Parent/carers will be advised on an appropriate course of action as advised by the local health authority.

## **Infectious Diseases**

Information concerning the control of infectious diseases can be found on CBMDC Health and Safety website and the Health Protection Agency [www.hpa.org.uk](http://www.hpa.org.uk) provide information on the control of infectious diseases. A hard copy of the Control of Infections in Schools document can be found in the office.

## **Staff training**

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school. Arrangements are made with appropriate agencies e.g. School Health to update staff training on a regular basis. Teaching and support staff are directed to attend training.

## **Confidentiality**

Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school about whom else should have access to records and other information about a child and this will be detailed in their Individual Healthcare Plan.

If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

## **Other agencies**

The school nurse, paediatrician or other specialist bodies may be able to provide additional background information for school staff. Any requests or referral to these services will only be made with parental consent.